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THE

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EDITED BY

LUNSFORD P. YANDELL, M.D., and L. S. McMURTRY, A.M., M.D.,

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*Professor of Physiology and Physical Diagnosis, University
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and Children, Baltimore Medical College.*

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Lecturer on Diseases of Women, St. Louis Medical College.

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St. Louis.

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Med. Department University of Georgetown, D. C.*

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*Professor of Diseases of the Chest and Physical Diagnosis,
Rush Medical College, Woman's Medical College, etc. Chicago, Ill.*

A. F. ERICH, M.D.
*Professor Diseases of Women, College of Physicians and
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Asylum for the Insane and Nervous.*

E. S. LEMOINE, M.D.
One of the Physicians to St. Luke's Hospital, St. Louis.

G. A. MOSES, M.D.
Lecturer on Clinical Gynecology, St. Louis Medical College.

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THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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LUNSFORD P. YANDELL, M. D., . . . } Editors.
L. S. McMURTRY, A. M., M. D., . . . }

THE PATHOLOGY OF TUBERCLE.

There is no department of pathological inquiry in which minute investigation has been more patiently and persistently followed than in the study of tubercle, its origin, nature, and mode of propagation. For a number of years investigation has been directed both from the clinical and pathological standpoint to the question of its contagious or non-contagious character. Many plausible theories have been advanced; numerous experimental observations pointing to the solution of the problem have been recorded; and many dogmatic assertions have been given to the profession upon the nature of the morbid process which underlies this great scourge of civilized life. The researches which found their best expression in Niemeyer's great work on Practical Medicine were the first important and permanent contribution to our knowledge of the nature of the tubercular process during that decade. Since that time the German school of pathologists particularly have been pushing their researches upon the pathology of tubercle with great industry and perseverance, and their labors have not been without some very important results.

Since the ingenious and brilliant results of Pasteur's experiments in germinal pathology were given to the profession, at the International Medical Congress in London, the medical mind has been in a most receptive state for the wider application of this morbid process, and investigation has doubt-

less been directed to such discoveries with well-marked expectation. When the announcement of Koch's discovery was made the times were ripe for its reception, and it was seized at once by the professional as well as by the lay scientific world and adopted as a great contribution to the pathology of tubercle. This investigator claims to have found and to have demonstrated a parasite, the *bacillus tuberculosis*, in the blood and sputa of tuberculous patients, and that by inoculation of these parasites the disease may be reproduced.

Sufficient time having elapsed for testing these experiments in the hands of other investigators, serious doubts appear as to the reliability and practical value of these observations of Dr. Koch. In our own country, Dr. Schmidt, of New Orleans, one of the most able and skillful of microscopists, tells us that the bacillus tuberculosis of Koch is only a fat globule and a rod-like crystal of margaric acid. Dr. Formad, of Philadelphia, after a most thorough investigation, is unable to confirm the statements of Koch, and discredits the experiments in inoculation from the fact that purulent matter of non-specific character introduced into certain animals will be followed by phthisis. Dr. Formad's experiments extended over a period of two years, were one hundred and nine in number, and are unfavorable to the parasitic origin of phthisis. So it seems that the solution is not yet accomplished. The line of investigation, however, is most promising, and great discoveries are rather the ultimate addition which completes accumulated contributions to knowledge than one complete and per-

fect stroke of genius. That the investigations now being so industriously cultivated will enhance our knowledge regarding the pathology of tubercle no one can doubt.

THE DUTY OF A DELEGATE.

To fix upon a given conclusion and reason toward it regardless of the logical sequence and bearing of facts is a temptation presented by the extremity of a pressing emergency. To yield to such a course of action is always an evidence of defeat, and is seldom, if ever, productive of the desired result. Our able and esteemed contemporary, the Medical Record, indulges in a display of slight-of-hand logic in the impression of December 9th which surpasses any previous achievements in that line.

In the article referred to our metropolitan contemporary essays to teach the duty of an instructed delegate in a manner that is as novel as interesting. The Medical Society of the State of New York is a delegated body composed of representatives of the various county and local societies of the State of New York. The delegates composing the membership of the State Society voice upon the floor of that society the sentiments and interests of the constituency which sent them thither and created their power. In the midst of the present emergency, and in view of the impending defeat of the new code, the Record declares that the county societies have no right to instruct their delegates upon a question which is to be discussed at the approaching session of the State Society, and that it is doubtful if such instructions will be considered valid. The advocates of the new code seem to have held on to a hope that they would be able at the last moment to control the delegates of the smaller county societies. But the recent action of the large and influential society of the County of Kings seems to have taken away in some degree this expectation and driven the friends of the movement to this extremity. Since the society of the County of Kings has instructed its delegates in unqualified

terms to maintain the honor and dignity of the profession by voting against the proposed departure from the code of ethics, the Record asserts that this large and influential body of physicians has placed itself in the attitude of a set of machine politicians who have "fixed the primaries." Surely this is the last ditch. Our New York confrères who one year ago championed the new code at Albany, and who have persistently urged its adoption since, have made a grand mistake. They believed that the City of New York was the United States, and that the medical profession in New York City controlled the professional sentiment of the entire country. They are just beginning to realize that they do not control medical thought in their own State. If the new code is not repudiated by the State Society at its approaching meeting at Albany, in accordance with the instructions already given its delegates, there will be a breach of good faith on the part of the membership unequaled in the proceedings of any political convention on record.

PERSONAL.—Professor Virchow continues to improve in health. He has been suffering from an attack of acute nephritis, and is now reported free from fever, and the amount of albumen in his urine is steadily declining. Professor Virchow is one of the greatest of living scientists, and it is to be hoped that he will be spared to his chosen pursuits for many years to come.

OUR latest English exchanges report Sir Thos. Watson as gradually growing weaker, and but little hope is entertained of improvement in his condition.

MR. GEORGE CRICHTON, the celebrated London oculist, died recently at the age of sixty years.

Six medical journals are published in Japan in the native language.

MISCELLANY.

CHLOROFORM DEATHS.—During the past few months a number of deaths have been reported from the inhalation of chloroform in the hands of physicians. In our own country most distressing accidents of this character have been reported from Charleston, South Carolina, and Richmond, Virginia. In each of these instances the anesthetic agent was administered by surgeons of well-earned distinction who have had wide experience in the use of anesthetics, and both are known to be prudent, careful, and painstaking surgeons. In both these instances the patients were women, and death occurred quickly at the very beginning of the process of anesthetization, and before the operation was performed. Recent exchanges announce another death from chloroform in Quebec, Canada. In this latter instance the patient was a lad of ten years, and the anesthetic was administered preparatory to a very trivial operation. Death occurred suddenly in all these cases from paralysis of the heart, and the most skillful and persistent efforts to revive the patient were made without avail. In none of these cases were any evidences of heart disease found by auscultation and percussion, and no lesion was suspected. The lesson of these recent accidents with chloroform is that in the most experienced and careful hands death may occur from this agent; that chloroform is particularly dangerous when exhibited to subjects having weak hearts; that recent experiences confirm the belief already prevailing in America in the superiority of ether over chloroform as a safe anesthetic.

IODOFORMANIA: IODOFORM IN OCULAR DISEASES.—As a contribution to the subject of iodoformania, to which we alluded in a recent issue, we append the following conflicting experiences, taken from the *Wiener Med. Woch.* Iodoform, as finely powdered as calomel, and also in the form of an ointment (one part iodoform to ten vaseline), has been used in Leber's clinic (Medical Times and Gaz.). The healthy conjunctiva tolerates both the ointment and powder. An eye that is slightly inflamed only endures the preparations in moderate quantity, whilst free application increases inflammation. Some eyes can not stand iodoform at all, though this is rare. Iodoform is used with the greatest benefit in recent wounds of the globe or lids, whether accidental or

from operation. In the various forms of ophthalmia it is valueless. In association with boracic-lint dressing the preparation does good in cases of spreading ulceration of the cornea. Another benefit conferred by iodoform is relief from pain. Grossmann got good results from the use of iodoform only in profuse suppurations—in gonorrhreal ophthalmia and ophthalmia neonatorum (P. Smith confirms this observation). Dr. Lange, of St. Petersburg, on the contrary, treated six cases with no good, but rather harm. The chief danger resulted in cases of granular lids, which became much more exuberant, and, filling up the conjunctival sac, endangered the nutrition of the cornea. Lange cautions against its use in ophthalmia neonatorum, and Hirschberg teaches that there is no reason whatever to set aside the use of the trustworthy lapis divinus. Fischer believes that iodoform is tolerated well in most ocular diseases: it is very effectual in cases of scrofulous pannus cornea; it is an excellent antiseptic; it promotes granulation and rapid regeneration of corneal epithelium; it is of value in lachrymal abscess with discharge.

THE DURATION OF LIFE IN LONDON.—Dr. Corfield calculates that while the mean duration of life in all London is a little under thirty-six years, in the aristocratic parish of St. George's it is fifty years. The average, however, is made up of rather wider extremes, for while it is only forty-six and one third in Belgravia, it is fifty-seven in the Hanover-square sub-district, and even sixty-six and one fifth in Mayfair. The latter fashionable quarter seems, indeed, to be, of all places in London proper, the spot where remarkable instances of longevity might naturally be looked for. Dr. Corfield in his report directs attention to the fact that in the "inner ring" of the suburbs of London, which takes in a population of nearly a million, the corrected death-rate last year was only sixteen per thousand, which was lower than that of any of the fifty-seven town-districts in England, except Reading, Maidstone, Dover, and Cheltenham. In the rest of London, however, comprising not many fewer than four millions of persons, the death-rate was twenty-one and two tenths.

DR. J. D. BRYANT, Professor of Anatomy in Bellevue Hospital Medical College, has been appointed Surgeon-General of the State of New York by Governor Cleveland.

CASUALTY COINCIDENCES.—It has been often noticed by hospital-surgeons that severe, curious, or out-of-the-way accidents seem to occur in groups, and that when one patient is admitted with an unusual injury a second of a somewhat similar character may be expected shortly to follow. This "fortuitous coincidence" has been illustrated lately at the Middlesex Hospital. About five weeks ago, within ten days, five patients were brought into the hospital who had fallen from houses—three from windows and two from stable-lofts (*The Lancet*). During the past week two accidents of a similar and unusual kind were admitted within twenty-four hours. On Wednesday evening a lad, aged fourteen, had his foot torn off by machinery; and on the following morning before ten another lad, aged nineteen, was taken to the hospital with his hand lacerated also by machinery in a similar manner. The following is a brief account of the cases: At about seven o'clock in the evening the first boy, aged fourteen, was getting on the stool upon which he stood for the purpose of lifting off the papers from the printing-press, when he slipped and was caught by his left foot in the fly-wheel, which was in motion, and was carried round by it three times before the machine could be stopped. When admitted it was found that his foot, with the boot, was wrenched from his leg, and was hanging only by the tendons. The tibia, which was bare of integument for about four inches, was unbroken, but standing away from the foot; the fibula was broken off just above the malleolus. On the following morning another accident very similar to the preceding one was admitted. The lad, aged nineteen, had been cleaning the engine while in motion, and was walking away, when his foot slipped on some grease and his right hand slid down the back of the cylinder and was caught at the bottom by the crank, which seized the thumb and tore the ball of it from the palm of the hand, breaking its metacarpal bone and wrenching it away from its articulation with the trapezium.

By an order adopted November 22d, the Boston Board of Health forbade public funerals over the remains of persons who have died of smallpox, scarlet fever, diphtheria, or typhus fever, unless the written permission of the board is first obtained. Bodies of such persons must be placed in tight coffins and may not be exposed to view.

MEAT AND TUBERCULOSIS.—At the new cattle market and slaughter-house, Hanover (Med. Times and Gaz.), every carcase is submitted to a microscopical examination before being sold. In one month, out of six hundred and thirty-seven head of cattle thus inspected, sixteen, or two and a half per cent, proved to be more or less affected with tuberculosis or consumption, and were instantly condemned, the disease being held to be communicable to human beings through meat taken as food. In London no such provision is exercised, and if the proportion of affected animals is the same as at Hanover, it follows that seven thousand five hundred head of cattle which have suffered from the disorder are eaten in the metropolis every year, to say nothing of the dead meat which comes to London from the country and from abroad.

LUXATION OF THE JAW.—The late Professor Gibson used to tell a good anecdote in regard to luxation of the jaw. "An old and quite wealthy man came into the office of a surgeon with a luxation of the jaw and made motions to have it reduced. The jaw was reduced, and, on being asked the fee, the doctor mentioned an amount which the man regarded as entirely too much, and insisted on its being reduced one-half. The surgeon said no more about the fee, but began to talk, and pretty soon told a laughable story. The man began to laugh heartily, and out went the jaw. He again made signs to have it reduced, but the doctor said, 'When you pay down my fee I will put in your jaw.'"
—*Medical Record.*

OPIUM SMOKING.—Mr. Brereton, late of Hong Kong, writes: I had daily intercourse with the people from whom the best and most trustworthy information on the subject of opium can be obtained, and my experience is that opium smoking, as practiced by the Chinese, is perfectly innocuous. Every day artisans can be seen smoking an opium-pipe—walking, standing, sitting—drop their work for a few minutes to take a few whiffs of their long pipes, lay them down and proceed to work again, a dozen times a day, with no more concern than a European would display over a dozen cheroots, the effect on the smokers being in all cases equal, that is, apparently, *nil*.

YELLOW FEVER MORTALITY.—Of the 2,280 cases of yellow fever at Pensacola only 194 resulted fatally.

THE RETIREMENT OF DR. HOLMES.—Dr. Oliver Wendell Holmes delivered his farewell lecture before the students of Harvard Medical College on November 28th. The ceremony was a most interesting one. The amphitheater was packed, there being many physicians and old students in the audience. The entrance of the doctor was marked by the rising of the students, and as their applause ceased one of them presented him in behalf of his last class with a beautiful loving-cup inscribed with a quotation from one of his own poems.

Beginning his address, Dr. Holmes said there were three times in a man's life when he might properly consider himself the center of attraction—at his christening, at his marriage, and at his own funeral. This, the beginning of his thirty-sixth course of lectures on anatomy, was the end of his connection with the school. For about half of this time he had also taught physiology, but with the growth of the science he had gladly given it over to form a new department. It was a good thing for a college to get rid of her old men. Their ideas were antiquated, and the college had better let them go. He had held his office so long because he had taught a subject which could never become antiquated. In his lifetime it had received very few important additions. He had begun the study of law in his youth as an experiment, but for various reasons had turned his attention to medicine. While in the Law School he had engaged with some friends in publishing a paper, and for the first time saw himself in print. From the printer's type he had contracted the disease of authors—head-poisoning—which he had never quite got rid of. The doctor finished with some practical remarks on the way in which the science was tending. Dr. Holmes has been made Emeritus Professor of Anatomy in the college.—*Medical Record.*

NIGHT-BLOOMING CEREUS.—Dr. Harvey L. Byrd, of Baltimore, states in the Detroit Clinic that his suggestions, made some time since, relative to the night-blooming cereus as a remedy for acute rheumatism, have been verified by himself and several of his colleagues. He considers it particularly valuable in relieving and preventing heart complications. He administers the fluid extract in doses of eight or ten drops *pro re nata*.

DURING the month of July the total number of passengers arriving in New York from Europe was 18,513.

THE WOMAN DOCTOR IN FICTION.—The Boston Medical and Surgical Journal says: The differences between the novelist's doctor and the doctor's doctor are usually sufficiently striking, but what shall we say of the homeopathic female novelist's female homeopathic doctor. To many of those who are reading "Doctor Zay" in the Atlantic, the "scientific" aspects of the story must be among its most entertaining features. Yorke, the hero, having "dislocated his ankle and concussed his brain," falls (possibly as a symptom of the latter injury) madly in love with his doctor. She, however, being already wedded to her art, and not being bigamously disposed, gives him no encouragement. But if the suitor gets only homeopathic doses of sentiment he receives heroic ones of scientific information. The doctor's remarks always savor of the "shop," the character of the shop and the quality of its product being shown as follows: Speaking of his passion the patient says, "It is beyond the reach of any pellet in your little case; the remedy is not in your *Materia Medica*." "That may be true, but Nature has her own unerring prescriptions. A single dose of absence—even in the first attenuation—will work a recovery that will astonish you, sir." Again she says, "I can not demonstrate to you the futility of your hope. . . . Let us both consider this a case of aphonia and aphasia, and be done with it." "Explain yourself to the ignorant, my learned physician." "Aphonia is inability to speak—" "Oh, yes; my Greek might have stood me for that. And aphasia is inability to hear?" "Precisely." "That is a scientific reply," said Yorke, regarding her keenly.—*Boston Med. and Surg. Journal.*

INTERMITTENT FEVER IN ATHENS.—In a paper read by Prof. Caramitzas at the Athens Congress, he states that that capital suffers much from marsh fever. Thus, among the 34,471 cases of disease treated at the Athens Polyclinic during 1860-1870, there were 10,373 cases of marsh fever. The proportion varied in different years, the highest having occurred in 1865, when more than half the cases treated (2,924 of 5,188) were marsh fevers.—*Gaz. Méd. d' Orient.*

AN OLD SMOKER.—An inmate of the Uxbridge Union Workhouse, England, named Ann Wood, arrived at the age of 102 years in March last. She is, says the *Medical Times and Gazette*, an inveterate smoker, and the guardians offer no opposition to her indulgence in the habit.

PROF. GROSS writes the following letter to the Maryland Medical Journal:

"PHILADELPHIA, Nov. 21, 1882.

"Gentlemen: Will you kindly correct an error which crept into 'Our New York Letter,' issued in the last number of your valuable journal, and thus save me from becoming an idle and useless man during the remainder of my life? The writer of the letter is not responsible for the error, for he only repeats what the New York reporters said, without any authority, in their accounts of Dr. Sims's reception. I have not retired from practice, and have no such intention so long as I have eyes to see, hands to work, and a brain to guide my actions. I can not consent to lock up my experience, or to consign myself to ennui and obliviousness. I am determined to work to the end whenever that may come.

"I thank you very cordially for your kind notice of my book, and your beautiful remarks upon the life and character of our great countryman, J. Marion Sims, who has done so much to ennable our profession and to alleviate human suffering.

"I am very truly your friend,
"S. D. GROSS."

A WORTHY EXAMPLE.—A beautiful memorial of his daughter, who died last summer, has been made by Senator Edmunds, by endowing in her name a room in the Mary Fletcher Hospital, Burlington, Vermont. Over the door, outside, a handsome tablet bears the name, "Julia M. Edmunds," and the date of the endowment. Within, the room is luxuriously furnished, every article in it being marked with the initials "J. M. E." On the wall hangs a superb engraving of Millet's painting, *L'Angelus*. The endowment, \$5,000, provides for the support and care of one free patient, and its first beneficiary has just been received.

Practical charity is not so common in this country but that so beautiful an example of it should be given extensive notoriety. No one could erect a more lasting or pleasing monument to the memory of a dear departed one than by following this worthy example. Our hospitals are none too rich, and such munificence would enable them to dispense even more charity than they do at present.—*Medical and Surgical Reporter.*

AN ovarian tumor was recently removed from a child aged two years by Dr. Hingston, of Montreal. So says the Canada Lancet.

Original.

A CASE OF TRAUMATIC EMPHYSEMA.

BY R. W. DUNLAP, M.D.,

Member of the Kentucky State Board of Health, ex-President of the Kentucky State Medical Society, etc.

On September 18th of the current year, W. W. S., aged fifty-six years, a robust, vigorous, and heavy man, while working under the rays of a hot sun, was overcome with the heat and fell from his seat on a cart to the ground, a distance of six feet or more. Being insensible, he fell with his entire weight on his left shoulder, dislocating the humerus and fracturing two ribs near their angles. When I examined him, within an hour from the time of injury, the crepitation of air underneath the skin in the meshes of the areolar tissue was distinctly felt near the spine over the fifth and sixth ribs of the injured side. This emphysematous condition spread so rapidly that within an hour it had involved the areolar tissue of the chest, and at the end of twenty-four hours from the time of injury the connective-tissue area of the entire body, including the face and extremities, was filled with air. The face was so swollen as to render the patient difficult of recognition on the part of his most intimate friends, and the scrotum was as large as a man's head. The pleural cavity of the injured side was so completely filled with air that the respiratory murmur could not be heard. The left lung being thus inactive in consequence of the injury and pressure, the patient had great difficulty in breathing and suffered intensely with a feeling of impending suffocation. He was unable to lie down, and suffered intensely in consequence of this difficulty.

The only remedy which seemed to me advisable for immediate relief was to incise the skin in a number of places, and thus give escape to the air. But considering the age of the patient, his weight, one hundred and eighty pounds, and the probable continued leakage of air from the wounded lung, and the extensive and numerous incisions which would be required, it was thought advisable to await developments. Dr. L. S. McMurtry, of Louisville, being in this place at that time on a professional visit, saw the patient with me, and fully indorsed the expectant course which I had instituted in the management of the case. The patient was made comfortable by mor-

phia hypodermically administered; the bowels were relieved by enema; nourishment and occasional stimulants were given, and the patient otherwise made as comfortable as possible. After several days it was evident that the air was being absorbed. The swelling began to subside first from the face and upper portion of the chest; then the scrotum decreased in size, and gradually the emphysema disappeared from the body. With the subsidence of the swelling, the respiratory function improved. Within ten days the emphysema had entirely disappeared, and the vesicular murmur could be heard over the upper portion of the wounded lung. From that time the improvement was very rapid, and although for several weeks the patient was very feeble, at the end of two months he was able to resume his work.

This case presented many interesting features to the writer during its progress, and in many respects is unique and suggestive. In the first place it is difficult to see how a wound of the lung, in a subject past the middle period of life, so extensive as to allow a complete pneumo-thorax with general emphysema of the body, could occur without producing pneumonia or pleurisy. The symptoms in this case throughout were such as to preclude such a serious complication from the case. While he suffered pain and great difficulty in breathing, the temperature never rose above one hundred degrees, the pulse never exceeded ninety; there was no pneumonic sputa or evidence of consolidation, and the cough was of asthmatic character. Again, it is difficult to determine how the broken rib could penetrate the pleura costalis and pleuralis so as to allow the escape of air, and then adjust itself and become united with so little evidence of inflammatory action in its immediate vicinity. The solution of these difficulties which seems to my mind most in harmony with the symptoms and results is that when the pleural cavity was filled with the escaping air the lung collapsed. After a time the great activity of the respiratory muscles readjusted the fractured rib and liberated the lung. With the healing of the wound in the lung, the escape of air of course ceased. The alarming character of the symptoms developed in this case and the gratifying result, together with the meagre literature of the subject, have induced the writer to place these notes on record.

DANVILLE, KY.

Correspondence.

THE TREATMENT OF FRACTURES.

Editors Louisville Medical News:

A late number of the News contained a short paper of mine advocating the use of the plaster-of-Paris dressing in fractures of the lower extremity. The paper expressed the principles practiced by the doctors, and as taught by the professors of surgery in the schools, of the Southwest.

In the East—that is to say in the Philadelphian part of it—different principles are taught and practiced. The writer had the great benefit of learning the Philadelphian principles of dressing fractures from the lips of Gross, Ashhurst, Agnew, Morton, etc. These surgeons all advocate the same modes of treating fractures of the lower extremity. The plaster-of-Paris dressing is conspicuous in its absence. Strange, indeed, that the Philadelphian professors, otherwise somewhat at variance, should so thoroughly coincide in their views in regard to the treatment of fractures. A brief description of these views may be of interest to the readers of the News.

Fractures of the leg—tibia, fibula, or foot—are always put into the old-fashioned fracture-box. Be the fracture a simple, a compound, a comminuted, or a complicated one, this fracture-box is always used. The padding in the box is a common pillow in a simple fracture, and oakum, cotton, or bran in more serious fractures. Of course, the patient is kept in bed for weeks. The Philadelphia surgeons never dream of putting a patient with a simple fracture of the leg on crutches on the third or fourth day after the accident.

Fractures and injuries of or near the knee-joint are placed in a long fracture-box or dressed with the wire-brace dressing. Fractures of the thigh are treated by extension, the adhesive strips, the pulley, and weight, counter-extension—the weight of the body—the long splint from the axilla to the foot-board of the bed, the short splint from the groin to the foot-board, and the long, narrow sand-bags, which are placed between the limb and the splints. Tapes pass from one splint to the other. To the question, how long the patient should remain in bed, Dr. Ashhurst answered, nine weeks.

Fractures of the upper extremity are treated with splints pretty much on the Western plan, except the splints used by the Phila-

adelphia surgeons are machine-made. Undoubtedly they think life too short to waste the time in whittling splints, when they can be bought ready-made. The Ahl splints are commonly used and are recommended by Dr. Thomas G. Morton, of the Pennsylvania Hospital. This hospital is called the fracture hospital of the city, on account of the many cases of fracture brought to its wards.

During his lectures on the subject of fractures Dr. Morton said that fractures occurring in persons afflicted with carcinoma, phthisis, and other organic diseases, healed very readily. Fractures occurring in the advanced stages of albuminuria—called by Dr. Tyson “white hemorrhage”—and diabetes do not unite, however, or at least very seldom. This was simply stated as a fact, and no cause or explanation was offered.

In fractures of the elbow-joints Dr. Agnew dresses the arm with the thumb pointing to the patient's chin. Dr. Ashurst, however, believes in letting the thumb point outward and the palm of the hand upward. Both these surgeons agree on all other points in fractures.

In conclusion, the writer refers his Philadelphia brethren to page 54 of Stephen Smith's Operative Surgery to a quotation from Dr. D. W. Yandell on a neat and serviceable gypsum dressing. There may be echoed of the plaster-of-Paris dressing what Dr. Ashurst says of the fracture-box, “I know no better dressing.”

E. J. KEMPF, M.D.

PHILADELPHIA, December 4.

Reviews.

Manuel de Pathologie Interne. Par G. DIEULAFOY, Professeur agrégé à la Faculté de Médecine de Paris, Médecin des Hôpitaux, Laureat de l'Institut (Prix Monthyon) Chevalier de la Légion d'Honneur, Paris. G. Masson, Editeur.

This hand-book of the Practice of Medicine is to consist of two volumes. The first volume and the first part of the second volume have already been published; the second part of the second volume is not yet out.

M. Dieulafoy is known to the medical profession of this country as the inventor of the aspirator and author of an excellent work written on this instrument and its application to the treatment of numerous afflictions *admitting* of its use. The appearance of this work is therefore welcomed as cer-

tain to be an able exponent of the most recent and the best views of our French confrères on the subjects of pathology and therapeutics. It is not a work of encyclopedic pretensions, but just what it claims to be, a hand-book. Viewed as such, it must be admitted to be a very excellent work. Of small size, printed on thin paper, it is easily carried about in one's pocket; the type is large enough and quite clear. The parts so far out furnish a vast amount of reading matter for so small bulk.

The first volume is taken up with the diseases of the respiratory organs, of the circulatory organs, and of the nervous system. It contains 512 pages.

The first part of the second volume gives the diseases of the digestive organs, viz., of the mouth, pharynx, esophagus, stomach, intestines, liver, and of the peritoneum.

The descriptions are clear and concise. The author possesses in wonderful degree the talent of condensing his materials and of saying a great deal in very few words. The part devoted to the treatment of the various diseases described is less satisfactory because the directions are too general. The author's therapeutics must, to the American physician, appear very inadequate. In some instances they are entirely at variance with the teachings of experience in this country.

In the treatment of capillary bronchitis M. Dieulafoy recommends emetics, blisters, dry cupping to the chest, even in infants; ipecacuanha in children; tartar-emetic and ipecacuanha in adults; syrup of chloral, syrup of morphia, orange-flower water.

The excellent results obtained with carbonate of ammonia and with iodide of potassium seem to have escaped his notice. One reads with surprise the author's recommendation of the use of blood-letting, by means of leeches or venesection, and tartar-emetic in pneumonia. It would be interesting to learn the rate of mortality obtained by the author by these means. Indeed, so far as our Gallic brethren are concerned, Bennett might as well never have written his masterly articles upon the principles of treatment of pneumonia by “*furthering the natural progress of the disease*,” or published his statistics giving the results of this beneficent plan. M. Dieulafoy does not even mention that hot fomentations have ever been used in this disease, still less that they have ever been found of value.

The article on fatty degeneration of the heart is exceedingly defective. The nitrite

of amyl the author appears to have no acquaintance with, either in asthma or in angina pectoris.

The therapeutic resources of the French school, if one is permitted to judge by M. Dieulafoy, are strangely limited. The author displays a degree of ignorance of the science of therapeutics as practiced in the United States and Great Britain which is absolutely astounding.

O.

A Treatise on the Physiological and Therapeutic Action of the Sulphate of Quinia.
By OTIS FREDERICK MANSON, M.D., Professor of Physiology and Pathology in the Medical College of Virginia. 1 vol. Pp. 164. Philadelphia: 1882. J. B. Lippincott & Co.

The first appearance of this volume excited a feeling of wonder. There seemed to be no long-felt want that it might be expected to fill, the more recent works on *materia-medica* and therapeutics giving full and minute accounts of every thing that we know, and a good many things that we do n't know, of this important drug.

Curiosity was at once aroused to learn what new experiments and discoveries the author might perhaps have made, in what new aspects the great remedy might have been studied by him. As the reader pores over page after page his wonder why this book was ever written becomes greater, and the mystery of its existence deepens. The curiosity felt at first, finding no pabulum, weakens and soon becomes extinct. The book contains nothing original or new, and much of the most recent knowledge on the subject treated of is omitted. It belongs to the genus *ephemera*, and will soon pass into well-merited oblivion.

O.

Books and Pamphlets.

HOW CAN WE OBTAIN AND PRESERVE THE BEST EYESIGHT AND HEARING. A paper read before the Sanitary Convention by LEARTUS CONNER, A.M., M.D. Detroit, Mich. 1882.

MONTEREY, MEXICO; THE INVALID'S PARADISE, AND WHERE TO GO TO WINTER. Chicago: Poole Brothers, Printers. 1882.

TRANSACTIONS OF THE MINNESOTA STATE MEDICAL SOCIETY FOR 1882. A handsome volume containing a large number of valuable reports and clinical observations, and highly creditable to this society, which is now in its fourteenth year.

RHEUMATISM, GOUT, AND SOME ALLIED DISORDERS. By MORRIS LONGSTRETH, M.D., attending Physician to the Philadelphia Hospital; Lecturer on

Pathological Anatomy at the Jefferson Medical College, Philadelphia, etc. New York: William Wood & Co. 1882. Being the October volume of Wood's Library of Standard Authors.

ANNUAL REPORT OF THE NATIONAL BOARD OF HEALTH FOR THE YEAR 1882. Washington: Government Printing Office.

HYSERECTOMY IN MALIGNANT DISEASE. By G. A. MOSES, M.D. Reprinted from the St. Louis Courier of Medicine for September, 1882.

THE NEGRO MORTALITY OF MEMPHIS. A paper read before the American Public Health Association, at Indianapolis, October, 1882, by G. B. THORNTON, M.D., President of the Memphis Board of Health.

This brochure is a valuable contribution to the vital statistics of the United States. It includes the results of an immense amount of labor gleaned from many sources and placed here in available shape. The practical applications of these investigations are presented in a clear manner and will be of value to physicians and health boards throughout the South, where the problem of negro mortality and conservation of the health of such a large element of population must receive deserved attention. All interested in this important subject would do well to study Dr. Thornton's excellent paper.

THE POPULAR SCIENCE MONTHLY for December contains a number of papers interesting and instructive to medical men. The first original article is on "The Data of Ethics," and is replete with interesting studies relating to physiology and psychology. "Brain-weight and Brain-power," by Dr. P. H. Boileau, and "The Cell-state," by Prof. Ferdinand Cohn, of Breslau, are also admirable presentations of present scientific thought on these attractive topics. The Editor's Table and Miscellany possess the usual interesting features.

THE MEDICAL RECORD VISITING LIST AND PHYSICIAN'S DIARY, published by William Wood & Co., of New York, has been received at this office. It is a very handsome pocket record, well adapted to the purposes of the physician. The text includes a posological table, with notes on poisons and their antidotes, and on emergencies. A calendar and table for estimating the duration of pregnancy are included in this portion of the book. The arrangement of the visiting list, obstetric record, register of births and deaths, and genera memoranda is convenient. The paper is excellent, and the entire make-up of the book is stylish and substantial.

A NEW edition of Bartholow's Manual of Hypodermic Medication has appeared during the last few weeks from the press of the Lippincotts; a second edition of the same author's work on Medical Electricity has recently been issued by Henry C. Lea's Son & Co.; and new editions of both the *Materia Medica* and *Therapeutics* and the *Practice of Medicine* of this able and industrious author have been issued from the press of the Appletons.

Selections.

Chronic Alcoholism—Its Pathological Aspects.—Excerpts from an article by G. K. Sabine, M.D., in Boston Medical and Surgical Journal:

Changes in the Skin: In the early stages of this affection the skin is remarkably smooth and soft, owing to an increase in the fatty tissue. Later on the skin becomes dry and on the extremities hard and inelastic.

The Blood: The most striking change in the blood is an increase in the watery elements, and diminution in the fibrine. It contains much serum, forms no or only very small coagula, and is of a very dark color. Another peculiarity presented by the blood is the increase of fat.

Fatty Tissue: There is a marked increase in the subcutaneous fat, in the fat between the muscles about the different organs, especially heart, kidneys, intestine, in the greater and lesser omenta, in the mesentery, etc. In the later stages of alcoholism, when the digestion becomes impaired and the blood deteriorated, this accumulation of fat disappears. According to Rokitansky there is an increase of fat in the marrow of the bones, the bony tissue at the same time being atrophied.

The Stomach and Intestine: A chronic catarrhal condition of the stomach is quite constant, and appears early in the disease. This is indicated by abundant soft gray mucus, projections of the mucous membrane, and by the slate color that occurs, especially near the pylorus. Owing to the disturbance of circulation which takes place later in other organs the return of the blood from the stomach is interfered with so that a varicose condition of some of the veins is produced. The hypertrophy is very apt to be accompanied by dilatation of the glands, due to compression at their outlet, so that small cysts which are filled with a clear fluid and project from the surface result. The continued irritation of the diseased mucous membrane is productive of a variety of ulcerations, from the small hemorrhagic erosion, characterized by a superficial loss of substance, to the so-called round or perforating ulcer.

The Liver: The liver is the first and most severely affected by the abuse of alcohol of any organ in the body. The alcohol being taken up by the portal system is carried directly to this organ, and there, by its irritating effect, produces various disorders according to the individual's condition, and more especially the character of the alcohol. The more concentrated the alcohol the sooner and the more severely is the liver affected. Among the causes of fatty liver the abuse of alcohol is one of the most prominent. It is probable the alcohol acts by retarding the metamorphosis of tissue, and the blood being overcharged with fat deposits it in this organ.

Interstitial Hepatitis—Cirrhosis of the Liver: The most common cause of this form of interstitial hepatitis, which extends uniformly over the whole organ, is usually considered to be the intemperate use of alcohol—still this is not necessary; most drunkards do not have a cirrhotic, but a fatty liver, and many persons with cirrhosis are not in the habit of dram-drinking.

Organs of Respiration: Drunkards are very subject to catarrh of the larynx, which is often accompanied by a similar condition of the pharynx. This catarrhal inflammation of the larynx not unfrequently extends into the bronchi. A very important question

is whether the habitual use of alcohol predisposes to disease of the lungs.

The Heart: In habitual drunkards the heart is almost always found hypertrophied. This hypertrophy may be brought about in many ways. As is well known the effect of alcohol is to increase the frequency and force of the pulse. Whenever a muscle is called upon to do an extra amount of work the effect is to increase the size of that muscle.

The Vessels: The change in the capillaries consists in an increase in their lumen, that of the smaller and larger arteries in the so-called atheromatous degeneration. The dilatation of the small vessels and passive hyperemia of all the organs has been explained on the ground that the alcohol has a paralyzing effect upon the vaso-motor system; also, that the alcohol, by its irritating effect upon the walls of the vessels, causes a fatty degeneration of the same, and as a consequence a loss of tonicity.

Affections of the Urinary Organs: After each ingestion of alcohol the secretion of urine is increased, as a larger quantity of water is excreted with it. The diseases of the kidneys which most frequently occur in drunkards, and especially in the latter stages of alcoholism, are the parenchymatous and interstitial or granular nephritis. This latter is divided into two stages, that of infiltration of cellular elements, and the other of connective tissue formation. At first the inflammatory process produces an active hyperemia, with an exudation of fluid and white blood corpuscles into the interstitial connective tissue. This in turn is productive of anemia, impaired nutrition of the renal epithelium, and granular degeneration of the same.

The Nervous System: The affections of the nervous system in drunkards are both numerous and important. No organ, with exception, perhaps, of the liver, suffers so constantly and from such a variety of lesions as the central nervous system. Many alterations in the functions are recognizable after death by a change in the tissues, but there are various affections, on the other hand, which point to a marked change in the cerebro-spinal system that can not be detected.

The Brain: The calvarium is altered. It is increased in weight by hyperostosis and sclerosis, both the outer and inner table being thickened. The cancellated structure is more dense, owing to a concentric formation of bone about the Haversian canals. Upon the inner surface the channels of the vessels are deeper than normal as well as the depressions for the pachyionian bodies. There is an increase in the amount of blood in the brain owing to the abnormal action of the heart and fatty or atheromatous degeneration of the walls of the small vessels, or diminished nutrition of the same, which paralyzes them so that their lumen becomes increased and hyperemic results.

Cerebral Apoplexy: An effusion of blood into the brain substance frequently occurs in drunkards. All conditions brought about by the intemperate use of alcohol which tend to produce cerebral hyperemia favor, in a marked degree, the occurrence of either large or capillary effusions.

Serous Apoplexy: An acute or chronic serous effusion into the cavity of the skull, into the brain substance, or into the membranes of the brain, and into the cavity of the arachnoid, may result from the abuse of alcohol. In alcoholism the blood is poor in plastic material, and as a consequence the transudation is favored. Either an acute or chronic collection of

fluid in the ventricles of the brain is not an infrequent result of drunkenness.

Pachymeningitis Interna Chronica: This inflammation of the inner surface of the dura mater consists at first of a very slight layer of fibrine on the surface of the dura, from which a thin layer of connective tissue is afterward developed, which adheres to the surface of the membrane. A second and third layer of inflammatory exudation is then formed, and so on until there are many layers. The dura mater thus becomes materially thickened. Each one of these layers is vascular, and occasionally one of these vessels ruptures, resulting in a hemorrhage between two of the layers.

Fifty Screw Worms from a Patient's Nose. Dr. Edward G. Cochran, of Montgomery, Texas, reports in the College and Clinical Record this remarkable case: On the 25th of September I was called to a mulatto woman in haste. She was reported to be dying, and before I reached her she had several convulsions, and was only partly conscious. She complained of a dull, heavy pain in the head, especially in the frontal region and across bridge of nose. Temperature 103°, pulse rapid and weak, tonsils much swollen; had suffered with chronic nasal catarrh a long time. I diagnosed acute inflammation of the lining membrane of the nose and frontal sinuses, extending into the pharynx. On the 26th the symptoms continued, and she also presented some brain symptoms; 27th, symptoms were more aggravated, the pulse 140 or 150, the patient weaker and discharge from nose more profuse and very offensive. Ordered a wash of chloral hydrate injected, to destroy smell. Several days before this, from some cattle, I had obtained a quantity of screw worms, and I thought the peculiarly disagreeable odor about them was similar to that of the discharge from the patient's nose. The bloody water discharge also suggested the presence of the screw worms.

The following morning a screw worm was blown from the patient's nose, which had probably been loosened by the injection of the chloral wash. Every thing was now plain. Making the patient hang her head over the edge of the bed, with face turned upward, I poured a mixture of calomel and sweet oil into each nostril. In a few moments the worms appeared, and continued coming until they numbered about fifty. Immediate relief followed. Next day I found her laughing and chatting without fever or pain. These screw worms, I believe, are peculiar to the South, and are only seen here in hot weather. They come from eggs deposited by a little gray fly upon any surface that has fresh blood upon it. They are very destructive to cattle, sheep, hogs, etc., causing death if not removed.

Gastrostomy.—A case of Gastrostomy is recorded in the British Medical Journal, by R. H. Bourchier Nicholson, M. R. C. S. The result of the operation was, as usual, successful in relieving the patient of his cancer and other troubles. Gastrostomy and gastroctomy so far have proved fatal to the patient in about ninety per cent of the cases, and the other ten have died.

A Blow to the last Bacillus.—The bacilli of tubercle are only fat crystals, Dr. H. D. Schmidt, President of the Pathological Society of New Orleans, has lately discovered, and are not parasites, as Professor Koch has led the world to believe.

Puerperal Diabetes.—A paper on this subject was read by Dr. Matthews Duncan, at a late meeting of the London Obstetric Society. The author pointed out the distinction between the slight glycosuria of pregnant and suckling women and real diabetes, with its polyuria and large amounts of sugar. Physicians and surgeons were well aware of the dangers introduced into their cases by complication with diabetes. But the subject of diabetes complicating pregnancy and parturition had attracted almost no attention; and this probably arose from its rarity, which might be accounted for by the disease frequently destroying in women the sexual energies, as it is said to do in man. The author had collected twenty-two cases in fifteen women, and they demonstrated the great gravity of the complication as respects both mother and child. Of the twenty-two pregnancies (including those ending prematurely), four had a fatal result soon after delivery. In seven of nineteen pregnancies in fourteen women, the child, after reaching a viable age, died during pregnancy; in two the child was born feeble and died in a few hours—making an unsuccessful issue in nine of nineteen pregnancies. The histories showed that diabetes may supervene on pregnancy; that it may occur only during pregnancy, being absent at other times; That it may cease with the cessation of pregnancy; that it may come on after parturition; that it may not come on in a pregnancy occurring after its cure. They showed that pregnancy may occur in a diabetic woman; that it may be not appreciably affected in its natural progress and termination by the disease, and that it is very liable to be interrupted by death of the fetus.

Dr. Robert Barnes had investigated the condition of the urine in pregnancy, as to albumen, urea, and sugar. The occurrence of sugar was physiological, though not constant. Sinéty had shown that sugar appeared in the urine when lactation was suppressed; this was of interest in connection with the normal fatty change in the liver shown by Tarnier to occur in pregnancy. He (Dr. Barnes) drew a parallel between albuminuria and glycosuria during pregnancy. Both were physiological, but might pass the physiological boundary, and then grave accidents ensued.

The Treatment of Chronic Gastric Disorders. M. Brocha, in a series of articles (*Le Progrès Médical*), strongly advocates, in ulcers of the stomach and gastritis from various causes, the systematic washing out of the stomach and artificial feeding. He advocates the use of the siphon tube, claiming that in a very short time the patient can learn to wash his stomach out himself. The washing over, the patient is fed, before the tube is withdrawn, powdered meat, raw eggs, milk, or broth. He lays great stress on the advantages of over-feeding the patient, and mentions 600 grams of raw meat, a dozen eggs, and three litres of milk as a daily allowance that may easily be exceeded. It is necessary to commence gradually to ascertain that the patient can digest milk and eggs well.

Belladonna Poisoning.—A case of severe and protracted sciatica cured by one eighth of a grain of sulphate of atropia, hypodermically injected, is reported in the Lancet. The patient's symptoms consisted of dilated pupils, thirst, dryness of fauces, frequent desire to pass water, with a lively delirium. These all passed off without treatment in about eight hours, leaving the patient cured of his sciatica.

Dr. Balfour on Diseases of the Heart.—In lecture ix, on the variation and vanishing of cardiac murmurs, Dr. Balfour offers a good deal of sound advice to practitioners, many of whom, he very justly remarks, are not at all aware how frequently complete restoration to health may follow after perfect development of regurgitation through either, or even through both valves. The curious phenomenon of variation in the same murmur, which may completely disappear one day to be present again the next, and the failure to appreciate its significance, have sometimes led to erroneous and embarrassing statements of opinion of the most contradictory nature. Perceiving the great desirability, therefore, of avoiding this confusion, Dr. Balfour gives directions for conducting a thorough examination of the heart in such a manner as shall prevent all possibility of deception being caused by such murmurs, and during which the stethoscope need not be employed at all. "If we trust," he urges, "to auscultation alone, as it is generally understood and applied to the heart—that is, if we attempt to diagnosticate the exact nature of any given cardiac lesion by the discovery and discrimination of murmurs, assigning to each its appropriate physical cause in accordance with its position on the cardiac area at which it is best heard, as well as with its rhythm or relation in time to the several acts which constitute a cardiac pulsation, without being actually misled we shall yet often fail in attaining an accuracy of diagnosis which is perfectly possible and frequently important." The value of strychnia as a stimulant of the intrinsic ganglia is pointed out, and a strong defense of arsenic as a neurotic is presented. Dr. Balfour, moreover, insists that no drug can replace digitalis in the treatment of cardiac disease, and places little trust in ergot and belladonna in this connection. The iodide-of-potassium treatment of aneurism Dr. Balfour considers perfectly safe and free from risk, while being equally certain as any more dangerous plan to afford relief. He has "not yet seen any case where relief was not attained, though naturally enough that relief is not always to be got instantaneously, but requires the treatment to be continued some time." He, however, warns against expecting absolute cure, or indeed any thing more substantial than relief, except in favorable cases which come early under treatment, and in which adjuvant treatment, such as rest, etc., can be carried out. Dr. Balfour says: "I do not claim that we can perfectly cure aneurism by iodide of potassium, or by any thing else, yet I am quite certain that at the present day we possess no other remedial agent or mode of treatment which so surely gives relief, and so frequently prolongs life, as the iodide of potassium."

Intermittent Fever and Endocarditis.—Leyden says, in the *Centralb. f. d. Med. Wissen*, there are cases of endocarditis in which the fever corresponds more or less closely with intermittent fever, with paroxysms and states of apyrexia, not however always at perfectly regular intervals, though they may resemble a perfect quotidian or tertian type. These cases he divides into two groups, viz., intermittent fever without any previously evident heart lesions, and intermittent fever occurring in an individual with some compensated heart lesion.

Vicarious Menstruation.—A writer in the Lancet reports the case of a young woman who menstruates from her right eye.

An Incident in the Life-history of New Growths.—Dr. Obtulowitsch (*Deutsche Med. Zeitung*) narrates the following interesting circumstance (Med. Times and Gaz.): A peasant, forty-three years old, suffering from epithelioma of the lower lip contracted typhus; on recovery the cancer was found to have sloughed off, leaving behind a slowly healing ulcer, which eventually sprouted again into a cancerous nodule. This occurrence appears of interest because of all parts of the body the lip is by no means the least supplied with vessels, and it is curious that we should have gangrene of a new growth, the normal tissues remaining sound. We are not inclined to pass the fact over as a trivial affair; it recalls the tendency which new growths have to dwindle and decay with the increasing age of the sufferer. As the body decays it seems to have less energy left for parasitic growths, if our readers will allow that term for cancer. Speaking metaphorically, the body has as much as it can do to look after itself. So with the above case, if any part of the body is to die it must be the abnormal material, not the proper protoplasm of the body.

Gunshot-Wound of Chest.—Mr. Jones mentioned a case of gunshot-wound of the chest terminating in recovery. The bullet entered the left fifth intercostal space, and in its course backward injured the left lung. This was made evident by the hemoptysis and pneumothorax which followed. The patient was admitted in a state of collapse with excitement. Reaction was rather severe and accompanied with hemorrhage into the left pleural cavity. Dullness on percussion, with absence of breath-sounds and of vocal fremitus, gradually extended from below upward, eventually reaching as high as the spine of the scapula. The heart became displaced to the right and occupied a position behind the sternum. To relieve the dyspnea, which at one time was very distressing, the chest was aspirated on two occasions with an interval of a week, and forty-two ounces of frothy sanguineous serum withdrawn. After this the physical signs denoting fluid daily became less evident, and, when the patient was discharged from the hospital, breath-sounds could be distinctly, although distantly, heard over the base of the left lung, and the heart had almost recovered its normal position.

Proper Way to Give Aconite.—In the London Medical Record Dr. William Murrell makes some judicious observations on the correct plan for administering aconite so as to secure its most advantageous action. He observes that aconite does act best in small doses frequently repeated. Many practitioners get no good from aconite because they do not know how to use it. The dose of the tincture recommended in the British Pharmacopeia—from five to fifteen minims—is absurdly large, and no one with any regard for his patient's safety or his own reputation would ever think of giving it. The best way is to put half a dram of the tincture in a four-ounce bottle of water, and to tell the patient to take a teaspoonful of this every ten minutes for the first hour, and after this hourly for some hours. Even smaller doses may be given in the case of children. The great indication for the use of aconite is elevation of temperature; the clinical thermometer and aconite bottle should go hand in hand. If properly used, aconite is one of the most valuable and indispensable drugs in the pharmacopeia.

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The Iron Tonic acts on the stomach and liver, increasing the appetite, assisting digestion, building up the weak, frail, and brokendown system, thereby making it applicable for dyspepsia in its various forms; loss of appetite, headache, insomnia, general debility, female diseases, want of vitality, nervous prostration or exhaustion, convalescence from fevers. It prevents impoverishment of the blood; is valuable in anemia, chlorosis, etc.

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SESSION OF 1882 AND 1883.

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LUNS福德 P. YANDELL, M.D.....	Professor of Principles and Practice of Medicine and Clinical Medicine.
E. R. PALMER, M.D.....	Professor of Physiology and Clinical Diseases of the Chest.
T. S. BELL, M.D.....	Professor of State Medicine and Sanitary Science.
JAMES W. HOLLAND, A.M., M.D.....	Professor of Pathology, Clin. Medicine, and Diseases of the Nervous System.
DAVID W. YANDELL, M.D.....	Professor of Surgery and Clinical Surgery.
THEOPHILUS PARVIN, M.D., LL.D.....	Professor of Obstetrics and Medical and Surgical Diseases of Women.
W. O. ROBERTS, M.D.....	Professor of Surgical Pathology and Operative Surgery.
JOHN A. OCTERLONY, A.M., M.D.....	Professor of Materia Medica, Therapeutics, and Clinical Medicine.

H. A. COTTELL, M.D.....	Lecturer on Medical Chemistry.
W. CHEATHAM, M.D.....	Clinical Lecturer on Diseases of Eye, Ear, and Throat.
L. S. MC MURTRY, A.M., M.D., AND R. B. GILBERT, M.D.....	Demonstrators of Anatomy.

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B. BUCKLE, M.D.....	Demonstrator of Operative Midwifery.
W. CHEATHAM, M.D.....	Demonstrator of Ophthalmoscopy, Laryngoscopy, and Otoscopy.
L. S. MC MURTRY, A.M., M.D.....	Demonstrator of Surgical Dressings.

The Spring Session of 1883 will open March 5th, and will continue until June 1st. It includes Clinical Teaching and Pharmaceutical work in the Dispensary, systematic recitations from Text-books, by a corps of examiners who have the use of the Museum for illustration, personal manipulations in Operative Surgery, Chemistry, Histology, Ophthalmoscopy, Laryngoscopy, and Otoscopy, under the supervision of Demonstrators. The Spring Course is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary, and does not count as a session.

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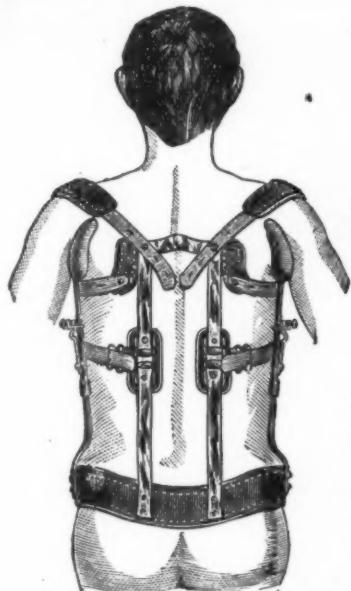
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